DOCUMENT RESUME

ED 311 259 CE 053 267

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SPONS AGENCY ESHEL, The Association for the Planning and Development of Services for the Aged in Israel, Jerusalem.

PUB DATE 88
NOTE 11p.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adult Day Care; *Day Care Centers; Foreign Countries; *Older Adults; Participant Satisfaction; *Program Content; Program Effectiveness
IDENTIFIERS *Israel

ABSTRACT

In recent years, day-care centers for the elderly have been playing an increasingly important role in the community service system for the elderly in Israel. ESHEL, one of the leading agencies in developing day-care services in Israel initiated a comprehensive evaluation study of day-care centers to identify variations among different types of centers; to identify populations who do not use the centers and whose needs are not met within the present operational set-up; and to develop a follow-up and feedback system to assist in operating the centers and in guiding their future development. The study is being carried out in 12 day-care centers and five day-care units in old-age homes. Preliminary results from interviews with 423 elderly persons and with directors include the following: (1) the population that attends the centers has high-risk characteristics; (2) the clients have limited mobility; (3) the clients also have personal care needs; (4) about 30 percent have good mobility and live alone, but have difficulty in household management--the centers provide mainly meals, supervision, and social interaction needs for these people; (5) the centers vary in environment and population served; (6) centers emphasize different services, from personal to professional to social; (7) the clients often want more days to visit the center than can be arranged because of transportation or cost; (8) nursing service is available in most centers (and will be studied extensively later in the project). (KC)

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ED311259

An Evaluation Study of Day-Care Centers in Israel

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WHO Collaborating Centre
for Research on
Health of the Elderly

An Evaluation Study of Day-Care Centers in Israel*

In recent years, day-care centers for the elderly have been playing an increasingly important role in the community service system for the elderly. In Israel today, there are over 50 centers, serving mainly the physically or mentally disabled population. Within two years, their number is expected to increase to one hundred.

ESHEL, one of the leading agencies in developing day-care services in Israel, has initiated a comprehensive evaluation study of day-care centers. The study's main objectives are: 1) to identify variations among different types of day-care centers, 2) to identify populations that do not utilize the centers, and whose needs are not met within the present operational setup, and 3) to develop a follow-up and feedback system to assist in operating the centers and in guiding their future development.

The study is being performed in 12 day-care centers, which were selected to represent the variety and the existing patterns of day-care centers. The centers selected are: the Zahalon Macabee Center in Tel Aviv, the centers in Pardes Katz, Rehovot, Ramat Gan, Be'er Tuvia, Emek Hefer, Netanya, Kiryat Yam, Kiryat Ata, and Taibe, and the Beit Bayer Center in Jerusalem. In addition, five day-care units operating in old age homes were included for comparison with the day centers (namely, the units in the geriatric centers in Rishon LeZion and Netanya, and the old age homes in Ashkelon, Afula and Haifa).

Goals and Phases of the Study

I. The first phase of the study will focus on identifying the various models of day-care centers in Israel, and on analyzing the variations among them, with regard to:

1. Structural, organizational and operational characteristics of the centers, with reference to such issues as: the existing services provided by the center and methods of operation and provision; referral and admission procedures; present management patterns; regulation; manpower; cost; occupancy etc. These topics will not be limited to describing the existing situation, but will employ a more dynamic approach, which will include an examination of changes that have taken place in the addressed topic, satisfaction with the present situation, desired and planned changes, and obstacles to implement these changes.

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* The study is being carried out in collaboration with, and under the auspices of, ESHEL - The Association for Planning and Development of Services for the Aged in Israel.

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2. Physical aspects of the centers, focusing on examination of the physical plant of the center and its fitness to the center's activities. Reference will be made also to equipment and technical aids currently used within the centers.

3. Characteristics of the client population, including such issues as: disability levels, socioeconomic characteristics, community support-systems, reasons for referral, extent of service utilization, satisfaction with the center's activities, the client's perception of unmet needs. To provide this information, we will interview 400 participants from the 12 centers included in the sample, and an additional 50 elderly from the five day-care units located in old age homes included in the study.

As part of this phase, we will also be looking at the unmet needs in the existing day-care settings. The issue will be studied through interviewing the professional staff in community services that refer elderly to the centers. In addition, a follow-up of client rejection and drop-out will be carried out over a number of months, in the centers included in the sample, to examine the extent and causes of these phenomena.

Based on the information received from analysis of the data collected during this phase, the centers will be categorized in three or four models that will serve as a prototype for future planning.

II. The second phase of the study will focus on the need for paramedical services - including the integration of maintenance, treatment and rehabilitation services within the centers, in the areas of training, counseling, direct service provision and program development (i.e. physical therapy, occupational therapy and nursing services). In order to examine these needs, we will use professional evaluations by a nurse, a physiotherapist and an occupational therapist, who will examine a sample of patients, interview staff members, and carry out on-site observations.

III. The final phase will be based on information gathered during the two preceding stages, and will focus mainly on translating the findings into operational guidelines for day-care centers. The objective is to develop a follow-up and feedback system that will assist the centers' operators in the ongoing management, in asessing the current performance and in guiding the development of the centers. The directors of the centers and other professional staff that are involved in the centers' operations will participate in developing this system.

The study is guided by steering committees operating under ESHEL, who will be involved on an ongoing basis in the development of the instruments and in analysis of the findings. The study is scheduled to end in two years, but the data are constantly needed and used during all the phases of the study.

The study is being conducted by Malka Korazim, a senior researcher at Brookdale Institute.

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WHO Collaborating Centre
for Research on
Health of the Elderly

EVALUATION STUDY ON DAY-CARE CENTERS FOR THE ELDERLY IN ISRAEL

Abstract of the 1st report

Malka Korazim
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This study is being conducted for ESHEL, The Association for the Planning and Development of Services for the Aged in Israel.

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Abstract

This report presents preliminary data based on interviews with directors and elderly participants in day-care centers, from an evaluation study on day-care centers in Israel.

The study was carried out in twelve day-care centers and five day-care settings in old age homes. Four hundred and twenty three elderly persons were interviewed.

The report describes the methodology and instruments employed to interview the directors and clients of the centers. The data presented in this report constitute only a small portion of the information gathered by the study, and provide only preliminary findings.

The study yielded a number of significant insights. Among them:

(1) The population which attends the centers has high-risk characteristics. Most are over the age of 75 and a high percentage are widowed. The day-care settings in the old age homes serve different populations. They have a higher percentage of participants over 75, of widows (widowers) and of women. The sociodemographic composition of the client population varies among the centers.

(2) In defining the clients' level of disability, the directors mostly stressed their clients' limited mobility. The emphasis on mobility was confirmed by the disability level reported by the participants (over 60% reported limitations in mobility). The use of the mobility criterion also indicates the main difference

between clubs and day-care centers, which is the availability of transportation.

Personal care is mentioned as an additional criterion for defining disability (47% of the participants are disabled in at least one area of personal care). The most common disability is in washing (44%), although a fair percentage - 28% - also require assistance in dressing. In some centers some participants needed assistance in eating, especially in centers serving the mentally frail. The differences among the centers in the percentage of those needing assistance in personal care affect the burden on the staff, as well as the required services.

The different areas of disability in personal care should be considered as they, too, are likely to have an effect on setting guidelines for the level of staffing.

There is considerable variations among the centers in the percentage of mentally frail elderly. Only two day-care centers have no mentally frail participants. All the others serve the mentally frail, and their proportion in the centers varies from 3% to 35%.

It was also found that 30% of the participants in the centers are independent in both mobility and personal care. A large percentage of these elderly live alone, are over 80 years old, are limited in household functions (cooking, cleaning etc.) and may have other difficulties such as hearing, seeing or social-emotional problems. According to these findings, there are two types of at-risk groups served by the centers: on the one hand, those disabled in mobility and/or in personal care, who would not be able to leave

their homes and would not reach a community framework except the center, and for whom it is also very important to assist and give respite to the family; and on the other hand, those who are independent in mobility and in personal care, but who are mostly widowed, live alone, have difficulty in household management and experience other behavioral difficulties for whom the center provides primarily, meals, supervision, and social interaction.

3. Data gathered from interviews with the directors indicate that the centers vary with regard to the environment in which they operate, and also in the definition of the target areas. The directors noted that the location of the center could affect the definition of the target area, the populations served, and the way the centers themselves operate. It was found that the regional centers do not always cover the entire catchment areas, due primarily to socioeconomic differences and traveling distance. The local authorities have to consider geographic proximity when defining the centers' target areas.
Another issue relevant to location is the availability of community services in proximity to the center, which might enhance their integration and utilization by the center.

4. There are significant differences among the centers with regard to the types of the services emphasized - recreational and social activities, personal services (bathing, laundry, chiropody, etc), professional services (occupational therapy, physical therapy, social work and nursing), and services provided to non-attenders

in the community. There is a considerable difference between the existing services and the desired ones as viewed by the directors as well as by the participants. Directors and participants agree on the importance of ensuring extensive recreational and social activities, but they differ in their views on the importance of personal services and professional services. Based on the directors'approach, three main types of day-care centers were identified: (1) the multiservice model - which places a strong emphasis both on personal services and on professional services, some emphasizing also community services for non-attenders; (2) the personal care day-center - which places a greater emphasis on personal services and a lesser one on professional services; (3) the mixed model - this combines a medium emphasis on personal services and on professional services. A fourth model has evolved based on the participants' view, the professional service model, which places a strong emphasis on the professional services and a medium emphasis on personal services.

5. The directors and the participants do not always agree on the desired frequency of visits to the centers. About 30% of the participants reported willingness to increase the number of visiting days. The participants stated that they do not visit the center as often as they would like mainly because of constraints imposed by the center, transportation arrangements, or the high cost. Directors mainly indicated the need for prolonging the hours of activity.

6. Directors were asked, as a general question, about the main changes they would like to see in the centers. There was no consensus of opinion among the directors on this issue. The main problems they raised were professionalism of services, manpower, hours of activity, problems related to the facility, increasing the number of elderly served, supervision and management, and contacts with other organizations.

A similar question was posed to the participants. They were asked what, in their opinion, were the best and the worst aspects of the center. Ninety-nine percent mentioned at least one good aspect: among which were: companionship, the staff's attitude and support. Some participants even said "everything". Thirty percent mentioned at least one negative aspect, among which were the services provided, recreational activities, physicial conditions, social interaction and staff attitudes.

7. Nursing and transporation services were evaluated in depth as an example of the depth of information available in the study.

(a) Nursing services are provided by some centers by Center staff and in others by staff provided by the community as an outside service. According to the directors, the nurses' tasks include linkage with the family physician, counseling to the elderly on health problems and emergency services. Examinations and injections are also available at four of the six centers where the service is provided. Other tasks mentioned were outreach to elderly in the community, participation in admissions committees, determining the menus, follow-up on absentees and sanitation.

No significant differences in type and extent of utilization were found between those centers where the nurse was on staff, and those where the service came from outside. There was some lack of clarity as to the importance of the nurse's position in the center and as to the desired mode of employment. The directors were unclear as to how the nurse function should relate to the clinic nurse, and some deliberated as to whether the position was in fact necessary within the framework of the center. To determine the need for this service in day-care centers, further study is required. This is planned in the next stage of the study.

(b) Despite the fact that few participants mentioned transportation as a problem when asked about overall areas of satisfaction and disatisfaction with the center, a large percentage referred to problems in this area when asked specifically about various aspects of transportation. About half the clients mentioned at least one problem. The main complaints were uncomfortable seating and long waiting periods, and excessive travel time. Directors were aware of these problem, but had difficulty in identifying solutions.

8. The Centers are in a dynamic state of change and development - in a constant effort to diversify activities and to meet the needs of the client population. In many areas they are unclear as to what is the best direction.

The data presented here does not cover all the available information. Future reports will provide more in-depth analysis, and cover additional topics not addressed in this report.